



## Tyngsborough Sewer Commission

25 Bryants Lane – Town Hall  
Tyngsborough, Massachusetts 01879  
Tel.: (978) 649-2300 Ext. 134  
Fax: (978) 649-2301

### APPLICATION FOR DRAIN LAYERS / INSTALLERS LICENSE

#### FOR OFFICE USE ONLY:

APPLICATION NUMBER \_\_\_\_\_

NEW \$50.00 RENEWAL \$50.00

LICENSE FEE \$50.00 after 1/31/08

DATE \_\_\_\_\_

#### **I** TO THE BOARD OF SEWER COMMISSIONERS:

In accordance with the provisions of the Town of Tyngsborough Sewer Use Regulations, the undersigned respectfully applies for a license as a Drain Layer / Installer, to install building sewer connections to the public sewer in the Town of Tyngsborough. I am familiar with and will comply with the applicable provisions of the Town of Tyngsborough Bylaws and the Sewer Use Regulations governing this license. **I will perform on-site supervision and be responsible for all work performed under this license.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Address of Applicant \_\_\_\_\_

Telephone Number of Applicant \_\_\_\_\_

Name of Company \_\_\_\_\_

Address of Company \_\_\_\_\_

Telephone Number of Company \_\_\_\_\_

**II** The applicant has filed with this office: a Certificate of Insurance in the sum of \$100,000 / \$300,000 to cover Public Liability, a Certificate of Insurance in the sum of \$50,000 covering Property Damage including XCU coverage for explosion, collapse, or underground damage, a Certificate of Insurance covering Workmen's Compensation and an original surety bond with a value of no less than \$5,000.

Date \_\_\_\_\_ By \_\_\_\_\_

Sewer Commission Administrator

**III** The applicant has paid the Drain Layer/Installer's License fee indicated above.

Date \_\_\_\_\_ By \_\_\_\_\_

Sewer Commission Administrator

#### FOR BOARD OF SEWER COMMISSIONER'S USE ONLY

Action Taken: Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date of Issue \_\_\_\_\_

License Number \_\_\_\_\_

Board of Sewer Commissioners \_\_\_\_\_

\_\_\_\_\_

**HOUSE SERVICE DRAIN LAYERS / INSTALLERS QUALIFICATIONS**

**IV** Please provide the following requested information: Give full names and residencies of **ALL** persons and parties making this application.

**A) If a Sole Proprietorship:**

Name of Owner \_\_\_\_\_ Home Telephone # \_\_\_\_\_

Address of Owner \_\_\_\_\_

Name of Business (D/B/A) \_\_\_\_\_ Telephone # \_\_\_\_\_

**B) If a Partnership:**

Full name and address of **ALL** partners.

Name

Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Business \_\_\_\_\_

Address of Business \_\_\_\_\_

Telephone Number of Business \_\_\_\_\_

**C) If a Corporation:**

Full Legal Name \_\_\_\_\_

State of Incorporation \_\_\_\_\_ Date of \_\_\_\_\_

Full names and addresses of **ALL** officers

Name

Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Principal Place of Business \_\_\_\_\_

Headquarters \_\_\_\_\_

Qualified in Massachusetts Yes \_\_\_\_\_ No \_\_\_\_\_

Place of Business in Massachusetts \_\_\_\_\_

### HOUSE SERVICE DRAIN LAYERS / INSTALLERS QUALICATIONS CONT...

**V** The applicant is required to furnish the following financial statement and give references that will enable the Owner to judge his business standings.

Have you ever filed for bankruptcy in **ANY** state? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where and when \_\_\_\_\_

## Business References

Name

Address &amp; Telephone #


## VI

## Applicant's Experience Record

The Applicant is required to state below work he/she has done of a character similar to that of the work included in the proposed contract and to give references that will enable the Owner to judge his experience and skill. Please include any **municipalities** that you may hold current licenses in.

[illegible]